

U.S. ENVIRONMENTAL PROTECTION AGENCY

REGION X

IDAHO OPERATIONS OFFICE  
422 WEST WASHINGTON STREET  
BOISE, IDAHO 83702



October 10, 1989

Pat Fitch, General Manager  
Cyprus Thompson Creek Mine  
P.O. Box 62  
Clayton, ID 83227

RE: NPDES Compliance Inspection  
Permit No. ID-002540-2

Dear Mr. Fitch:

This letter will serve as a correction to our letter of October 10, 1989, which transmitted the results of the June 27, 1989 inspection conducted at your facility.

A discussion on Monday, October 16, between Mr. Doughty and my staff brought to our attention the fact that the lab only detects to .0005 for mercury and shows values lower than that as "<.0005." My staff also misread the zinc results and erroneously concluded there was a violation for zinc. Contrary to our letter of October 10, sample results indicate compliance with current permit requirements for your facility.

We apologize for any inconvenience this misunderstanding on our part has caused.

Sincerely,

Warren T. McFall  
Chief, Water Section

Enclosures

cc: Susan Martin, IDHW-DEQ, Boise  
Greg Kellogg, WD-135

1854B



## NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

## Section A: National Data System Coding

Transaction Code 1N 25 NPDES 31D0002540211 yr/mo/day 1289062717 Inspection Type 185 Inspector 19 Fac Type 2d2

Remarks

Reserved Facility Evaluation Rating BI QA Reserved  
67 69 70 71 72 73 74 75 80

## Section B: Facility Data

Name and Location of Facility Inspected

Cypress Mining Company - Thompson Creek  
P.O. Box 62  
Clayton, Idaho 83227Entry Time ☒ AM ☐ PM  
0930Permit Effective Date  
8/1/88Exit Time/Date  
14:00 6/27/89Permit Expiration Date  
8/2/93

Name(s) of On-Site Representative(s)

Bert Doughty

Title(s)

Supervisor Environmental Affairs 838-2200

Phone No(s)

Name, Address of Responsible Official

Pat Fitch

Title

General Manager

Phone No.  
838-2200

Contacted

☐ Yes ☒ No

## Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	N	Pretreatment	S	Operations & Maintenance
S	Records/Reports	N	Laboratory	N	Compliance Schedules	N	Sludge Disposal
S	Facility Site Review	S	Effluent/Receiving Waters	S	Self-Monitoring Program	N	Other:

## Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

See Attachments

Name(s) and Signature(s) of Inspector(s)

Agency/Office/Telephone

Date

6/27/89

Signature of Reviewer

Agency/Office

Date

EPA/DOF 554-1450

8/15/89

Regulatory Office Use Only

Action Taken

Date

Compliance Status

☐ Noncompliance  
☐ Compliance



# Records, Reports, and Schedules Check

## A. Permit Verification

<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	INSPECTION OBSERVATIONS VERIFY INFORMATION CONTAINED IN PERMIT
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	1. Correct name and mailing address of permittee.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	2. Facility is as described in permit.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	3. Notification has been given to EPA/State of new, different, increased discharges.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	4. Accurate records of influent volume are maintained, when appropriate.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	5. Number and location of discharge points are as described in the permit.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	6. Name and location of receiving waters are correct.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	7. All discharges are permitted. Pit dewater discharge to Pat Hughes okay.

## B. Recordkeeping and Reporting Evaluation

<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	RECORDS AND REPORTS ARE MAINTAINED AS REQUIRED BY PERMIT
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	1. All required information is available, complete, and current; and
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	2. Information is maintained for required period.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	3. Analytical results are consistent with the data reported on the DMR's.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	4. Sampling and Analysis Data are adequate and include:
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	a. Dates, times, location of sampling
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	b. Name of individual performing sampling
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	c. Analytical methods and techniques
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	d. Results of analysis
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	e. Dates of analysis
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	f. Name of person performing analysis
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	g. Instantaneous flow at grab sample stations
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	5. Monitoring records are adequate and include
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	a. Flow, pH, D.O., etc. as required by permit
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	b. Monitoring charts
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	6. Laboratory equipment calibration and maintenance records are adequate.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	7. Plant Records are adequate* and include
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	a. O&M Manual
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	b. "As-built" engineering drawings
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	c. Schedules and dates of equipment maintenance and repairs
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	d. Equipment supplies manual
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	e. Equipment data cards
	*Required only for facilities built with Federal construction grant funds.

Records, Reports, and Schedules Check

Yes No N/A Yes No N/A Yes No N/A Yes No N/A	8. Pretreatment records are adequate and include: a. Industrial Waste Ordinance (or equivalent documents) b. Inventory of industrial waste contributors, including: 1. Compliance records 2. User charge information
Yes No N/A	9. SPOC properly completed, when required.
Yes No N/A	10. Best Management Practices Program available, when required.

**C. Compliance Schedule Status Review**

YES NO N/A	THE PERMITTEE IS MEETING THE COMPLIANCE SCHEDULE
Yes No N/A	1. The permittee has obtained necessary approvals to begin construction.
Yes No N/A	2. Financing arrangements are complete.
Yes No N/A	3. Contracts for engineering services have been executed.
Yes No N/A	4. Design plans and specifications have been completed.
Yes No N/A	5. Construction has begun.
Yes No N/A	6. Construction is on schedule.
Yes No N/A	7. Equipment acquisition is on schedule.
Yes No N/A	8. Construction has been completed.
Yes No N/A	9. Start-up has begun.
Yes No N/A	10. The permittee has requested an extension of time.
Yes No N/A	11. The permittee has met compliance schedule.



Records, Reports, and Schedules Checklist

**D. POTW Pretreatment Requirements Review**

YES NO N/A	THE FACILITY IS SUBJECT TO PRETREATMENT REQUIREMENTS
	1. Status of POTW Pretreatment Program
Yes No N/A	a. The POTW Pretreatment Program has been approved by EPA. (If not, is approval in progress? _____)
Yes No N/A	b. The POTW is in compliance with the Pretreatment Program Compliance Schedule. (If not, note why, what is due, and intent of the POTW to remedy)
	2. Status of Compliance with Categorical Pretreatment Standards.
Yes No N/A	a. How many industrial users of the POTW are subject to Federal or State Pretreatment Standards? _____
Yes No N/A	b. Are these industries aware of their responsibility to comply with applicable standards? _____
Yes No N/A	c. Have baseline monitoring reports (403.12) been submitted for these industries?
Yes No N/A	i. Have categorical industries in noncompliance (on EMR reports) submitted compliance schedules?
Yes No N/A	ii. How many categorical industries on compliance schedules are meeting the schedule deadlines? _____
Yes No N/A	d. If the compliance deadline has passed, have all industries submitted 90 day compliance reports?
Yes No N/A	e. Are all categorical industries submitting the required semiannual report?
Yes No N/A	f. Are all new industrial discharges in compliance with new source pretreatment standards?
Yes No N/A	g. Has the POTW submitted its annual pretreatment report?
Yes No N/A	h. Has the POTW taken enforcement action against noncomplying industrial users?
Yes No N/A	i. Is the POTW conducting inspections of industrial contributors?
Yes No N/A	3. Are the industrial users subject to Prohibited Limits (403.5) and local limits more stringent than EPA in compliance? (If not, explain why, including need for revision of limits.)

# Facility Site Review Checklist

Yes No N/A	1. Standby power or other equivalent provision is provided.
Yes No N/A	2. Adequate alarm system for power or equipment failures is available.
Yes No N/A	3. POTW handles and disposes of sludge according to applicable Federal, State, and local regulations.
Yes No N/A	4. All treatment units, other than back-up units, are in service.
Yes No N/A	5. Procedures for facility operation and maintenance exist.
Yes No N/A	6. Organization plan (chart) for operation and maintenance is provided.
Yes No N/A	7. Operating schedules are established.
Yes No N/A	8. Emergency plan for treatment control is established.
Yes No N/A	9. Operating management control documents are current and include:
Yes No N/A	a. Operating report
Yes No N/A	b. Work schedule
Yes No N/A	c. Activity report (time cards)
Yes No N/A	10. Maintenance record system exists and includes:
Yes No N/A	a. As-built drawings
Yes No N/A	b. Shop drawings
Yes No N/A	c. Construction specifications
Yes No N/A	d. Maintenance history
Yes No N/A	e. Maintenance costs
Yes No N/A	11. Adequate number of qualified operators are on-hand.
Yes No N/A	12. Established procedures are available for training new operators.
Yes No N/A	13. Adequate spare parts and supplies inventory and major equipment specifications are maintained.
Yes No N/A	14. Instruction files are kept for operation and maintenance of each item of major equipment.
Yes No N/A	15. Operation and maintenance manual is available.
Yes No N/A	16. Regulatory agency was notified of by-passing. (Dates _____)



# Facility Site Review Checklist

<p>Yes No N/A</p>	<p>17. Hydraulic and/or organic overloads are experienced.          Reasons for overloads _____          _____          _____          _____</p>
<p>Yes No N/A</p>	<p>18. Up-to-date equipment repair records are maintained.</p>
<p>Yes No N/A</p>	<p>19. Dated tags show out of service equipment.</p>
<p>Yes No N/A</p>	<p>20. Routine and preventive maintenance are scheduled/performed on time.</p>

Permittee Sampling Inspection Checklist

**A. Permittee Sampling Evaluation**

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1. Samples are taken at sites specified in permit.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	2. Locations are adequate for representative samples.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	3. Flow proportioned samples are obtained where required by permit.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	4. Sampling and analysis completed on parameters specified by permit.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	5. Sampling and analysis done in frequency specified by permit.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	6. Permittee is using method of sample collection required by permit. Required Method: <u>Grab</u> If not, method being used is: ( ) Grab ( ) Manual composite ( ) ( ) Automatic composite
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	7. Sample collection procedures are adequate:
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	a. Samples refrigerated during compositing
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	b. Proper preservation techniques used
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	c. Containers and sample holding times before analyses conform with 40 CFR 136.3
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	8. Monitoring and analyses are performed more often than required by permit. If so, results reported in permittee's self-monitoring report.

**B Sampling Inspection Procedures and Observations**

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1. Grab samples obtained.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	2. Composite sample obtained Compositing frequency _____ Preservation _____
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	3. Sample refrigerated during compositing.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	4. Flow proportioned sample obtained.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	5. Sample obtained from facility sampling device.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	6. Sample representative of volume and nature of discharge.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	7. Sample split with permittee.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	8. Chain of custody procedures employed.



A. Flow Measurement Inspection Checklist - General

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	1. Primary flow measuring device is properly installed and maintained.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	2. Flow records are properly kept.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	3. Sharp drops or increases in flow values are accounted for.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	4. Actual flow discharged is measured.
<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	5. Influent flow is measured before all return lines.
<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	6. Effluent flow is measured after all return lines.
<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	7. Secondary instruments (totalizers, recorders, etc.) are properly operated and maintained.
<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	8. Spare parts are stocked.

B. Flow Measurement Inspection Checklist - Flumes

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	1. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	2. Cross-sectional velocities at entrance are relatively uniform.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	3. Flume is clean and free of debris or deposits.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	4. All dimensions of flume are accurate.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	5. Side walls of flume are vertical and smooth.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	6. Sides of flume throat are vertical and parallel.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	7. Flume head is being measured at proper location.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	8. Measurement of flume head is zeroed to flume crest.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	9. Flume is of proper size to measure range of existing flow.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	10. Flume is operating under free-flow conditions over existing range of flows.

C. Flow Measurement Inspection Checklist - Weirs

			1. What type of weir is being used?
Yes	No	N/A	2. The weir is exactly level.
Yes	No	N/A	3. The weir plate is plumb and its top edges are sharp and clean.
Yes	No	N/A	4. There is free access for air below the nappe of the weir.
Yes	No	N/A	5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.
Yes	No	N/A	6. The stilling basin of the weir is of sufficient size and clear of debris.
Yes	No	N/A	7. Head measurements are properly made by facility personnel.
Yes	No	N/A	8. Proper flow tables are used by facility personnel.

D. Flow Measurement Inspection Checklist - Other Flow Devices

			1. Type of flowmeter used: _____
			2. What are the most common problems that the operator has had with the flowmeter?
			3. Measured Wastewater flow: _____ mgd; Recorded flow: _____ mgd; Error _____ %
			4. Design flow: _____ mgd.
Yes	No	N/A	5. Flow totalizer is properly calibrated.
			6. Frequency of routine inspection by proper operator: _____ /day.
			7. Frequency of maintenance inspections by plant personnel: _____ /year.
			8. Frequency of flowmeter calibration: _____ /month.
Yes	No	N/A	9. Flow measurement equipment adequate to handle expected ranges of flow rates.
Yes	No	N/A	10. Venturi meter is properly installed and calibrated.
Yes	No	N/A	11. Electromagnetic flowmeter is properly calibrated.



## Laboratory Quality Assurance Checklist

### A. General

<u>Yes</u> No N/A	1. Written laboratory quality assurance manual is available.
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### B. Laboratory Procedures

<u>Yes</u> No N/A	1. EPA approved analytical testing procedures are used.
<u>Yes</u> No <u>N/A</u>	2. If alternate analytical procedures are used, proper approval has been obtained.
<u>Yes</u> No <u>N/A</u>	3. Calibration and maintenance of instruments and equipment is satisfactory.
<u>Yes</u> No <u>N/A</u>	4. Quality control procedures are used.
<u>Yes</u> No <u>N/A</u>	5. Quality control procedures are adequate.
	6. Duplicate samples are analyzed ____ % of time.
	7. Spiked samples are used ____ % of time.
<u>Yes</u> No <u>N/A</u>	8. Commercial laboratory is used Name <u>Analytical Laboratories</u> Address <u>Boise, Idaho</u> Contact <u>                    </u> Phone <u>                    </u>

### C. Laboratory Facilities and Equipment

Yes No N/A	1. Proper grade distilled water is available for specific analysis.
Yes No N/A	2. Dry, uncontaminated compressed air is available.
Yes No N/A	3. Fume hood has enough ventilation capacity.
Yes No N/A	4. The laboratory has sufficient lighting.
Yes No N/A	5. Adequate electrical sources are available.
Yes No N/A	6. Instruments/equipment are in good condition.
Yes No N/A	7. Written requirements for daily operation of instruments are available.

C. Laboratory Facilities and Equipment (continued)

Yes No N/A	8. Standards are available to perform daily check procedure.
Yes No N/A	9. Written trouble-shooting procedures for instruments are available.
Yes No N/A	10. Schedule for required maintenance exists.
Yes No N/A	11. Proper volumetric glassware is used.
Yes No N/A	12. Glassware is properly cleaned.
Yes No N/A	13. Standard reagents and solvents are properly stored.
Yes No N/A	14. Working standards are frequently checked.
Yes No N/A	15. Standards are discarded after recommended shelf life has expired.
Yes No N/A	16. Background reagents and solvents run with every series of samples.
Yes No N/A	17. Written procedures exist for cleanup, hazard response methods, and applications of correction methods for reagents and solvents.
Yes No N/A	18. Gas cylinders are replaced at 100-200 psi.

D. Laboratory's Precision, Accuracy, and Control Procedures

Yes No N/A	1. A minimum of seven replicates is analyzed for each type of control check and this information is on record.
Yes No N/A	2. Plotted precision and accuracy control charts are used to determine whether valid, questionable, or invalid data are being generated from day to day.
Yes No N/A	3. Control samples are introduced into the train of actual samples to ensure that valid data are being generated.
Yes No N/A	4. The precision and accuracy of the analyses are good.



**E. Data Handling and Reporting**

Yes No N/A	1. Round-off rules are uniformly applied.
Yes No N/A	2. Significant figures are established for each analysis
Yes No N/A	3. Provision for cross-checking calculation is used
Yes No N/A	4. Correct formulas are used to reduce to simplest factors for quick, correct calculation
Yes No N/A	5. Control chart approach and statistical calculations for quality assurance and report are available and followed
Yes No N/A	6. Report forms have been developed to provide complete data documentation and permanent records and to facilitate data processing
Yes No N/A	7. Data are reported in proper form and units
Yes No N/A	8. Laboratory records are kept readily available to regulatory agency for required period of time
Yes No N/A	9. Laboratory notebook or preprinted data forms are permanently bound to provide good documentation
Yes No N/A	10. Efficient filing system exists enabling prompt channeling of report copies

**F. Laboratory Personnel**

Yes No N/A	1. The analyst has appropriate training
Yes No N/A	2. The analyst follows the specified procedures
Yes No N/A	3. The analyst is skilled in performing analyses

Outfall	MEASUREMENT	Minimum	Average	Maximum	
001	PERMIT REQUIREMENT			.001 MGD	
	SAMPLE MEASUREMENT			3.0	
T.S.S.	PERMIT REQUIREMENT			30.0	
	SAMPLE MEASUREMENT			< .01	
T. As. mg/L	PERMIT REQUIREMENT			0.490	
	SAMPLE MEASUREMENT			< .001	
T. Cd. mg/L.	PERMIT REQUIREMENT			0.0053	
	SAMPLE MEASUREMENT			< .01	
T. Cu. mg/L	PERMIT REQUIREMENT			0.0245	
	SAMPLE MEASUREMENT			< .005	
T. Pb. mg/L.	PERMIT REQUIREMENT			0.0589	
	SAMPLE MEASUREMENT			< .0005	<i>As low as Lab goes</i>
T. Hg. mg/L.	PERMIT REQUIREMENT			0.0002	
	SAMPLE MEASUREMENT			.017	
T. Zn. mg/L.	PERMIT REQUIREMENT			0.165	
	SAMPLE MEASUREMENT			7.0	
PH	PERMIT REQUIREMENT	6.0		9.0	

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	none	none	0.22NTU	none	none	none	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached \_\_\_\_\_)

- ☒ GRAB SAMPLES OBTAINED
- ☐ COMPOSITE OBTAINED
- ☐ FLOW PROPORTIONED SAMPLE
- ☐ AUTOMATIC SAMPLER USED
- ☒ SAMPLE SPLIT WITH PERMITTEE
- ☐ CHAIN OF CUSTODY EMPLOYED
- ☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY \_\_\_\_\_ PRESERVATION \_\_\_\_\_

SAMPLE REFRIGERATED DURING COMPOSITING: ☐ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE \_\_\_\_\_

Discharge Point	MEASUREMENT	Minimum	Average	Maximum
002	PERMIT REQUIREMENT			.414 MGD
T.S.S.	SAMPLE MEASUREMENT			6.0
	PERMIT REQUIREMENT			30.0
T. As. mg/L	SAMPLE MEASUREMENT			< .01
	PERMIT REQUIREMENT			0.490
T. -Cd. mg/L	SAMPLE MEASUREMENT			< .001
	PERMIT REQUIREMENT			0.0053
T. Cu. mg/L	SAMPLE MEASUREMENT			< .01
	PERMIT REQUIREMENT			0.0245
T. Pb. mg/L	SAMPLE MEASUREMENT			< .01
	PERMIT REQUIREMENT			0.0589
T. Hg. mg/L	SAMPLE MEASUREMENT			< .0005
	PERMIT REQUIREMENT			0.0002
T. Zn. mg/L	SAMPLE MEASUREMENT			.032
	PERMIT REQUIREMENT			0.165
PH	SAMPLE MEASUREMENT			7.8
	PERMIT REQUIREMENT	6.0		9.0

*As low as lab goes*

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
002	none	none	0.4 NTU	none	none	none	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached \_\_\_\_\_)

- ☒ GRAB SAMPLES OBTAINED
- ☐ COMPOSITE OBTAINED
- ☐ FLOW PROPORTIONED SAMPLE
- ☐ AUTOMATIC SAMPLER USED
- ☒ SAMPLE SPLIT WITH PERMITTEE
- ☐ CHAIN OF CUSTODY EMPLOYED
- ☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY \_\_\_\_\_ PRESERVATION \_\_\_\_\_

SAMPLE REFRIGERATED DURING COMPOSITING: ☐ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE \_\_\_\_\_



Outfall 003	MEASUREMENT			
	PERMIT REQUIREMENT	Squaw Ck. discharge Bruno Ck. discharge	Bruno Ck. discharge	Squaw Ck. discharge
Turbidity	SAMPLE MEASUREMENT	0.30 NTU	0.28 NTU	0.32 NTU
	PERMIT REQUIREMENT	N.A.	N.A.	N.A.
PH	SAMPLE MEASUREMENT	7.48	6.8	7.5
	PERMIT REQUIREMENT	N.A.	N.A.	N.A.
	SAMPLE MEASUREMENT			
	PERMIT REQUIREMENT			
	SAMPLE MEASUREMENT			
	PERMIT REQUIREMENT			
	SAMPLE MEASUREMENT			
	PERMIT REQUIREMENT			
	SAMPLE MEASUREMENT			
	PERMIT REQUIREMENT			
	SAMPLE MEASUREMENT			
	PERMIT REQUIREMENT			
	SAMPLE MEASUREMENT			
	PERMIT REQUIREMENT			

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
003	none	none	0.28	none	none	none	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached \_\_\_\_\_)

- ☐ GRAB SAMPLES OBTAINED
- ☐ COMPOSITE OBTAINED
- ☐ FLOW PROPORTIONED SAMPLE
- ☐ AUTOMATIC SAMPLER USED
- ☐ SAMPLE SPLIT WITH PERMITTEE
- ☐ CHAIN OF CUSTODY EMPLOYED
- ☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY \_\_\_\_\_ PRESERVATION \_\_\_\_\_

SAMPLE REFRIGERATED DURING COMPOSITING: ☐ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE \_\_\_\_\_